

For Official Use Only

1. File Number U - 12-672

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name MARK A FOHEY

P.O. Box, Bldg., Room No., if any _____

Street 8760 COUNTY ROAD 422

City HANNIBAL

State	Missouri	ZIP Code + 4	63401
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4. Name, file number, and address of labor organization.

Name PLUMBERS & PIPEFITTERS LOCAL 562

Labor Organization File Number 035-932

P.O. Box, Building and Room Number, if any

Street 12385 LARIMORE RD

City ST. LOUIS

State Missouri ZIP Code + 4 63138

5. Position in labor organization. BUSINESS AGENT

6. Name and address of Employer (including trade name, if any).

Name _____

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street _____

City _____

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date _____

314-355-1000

Telephone Number _____

Name of Person Filing MARK FOHEY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MECHANICAL CONTRACTORS ASSOCIATION

Trade Name, if any: MCA

P.O. Box, Bldg., Room No., if any

Street 4402 ST. VINCENT

City ST. LOUIS

State Missouri ZIP Code + 4 63119

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

MEAL AT OUTSTATE MCA MEETING

11.b. Approximate dollar value of such dealing.

\$45

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.